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Appendix B

Lao PDR

SUPPORT for INACTIVATED POLIO VACCINE (IPV)

This Decision Letter sets out the Programme Terms of a Programme.

1. **Country:** Lao PDR

2. **Grant Number:** 1518-LAO-25c-X / 15-LAO-08h-Y

3. **Date of Decision Letter:** 30 July 2014

4. **Date of the Partnership Framework Agreement:** 07 June 2013

5. **Programme Title:** NVS, IPV Routine

6. **Vaccine type:** Inactivated Polio Vaccine (IPV)

7. **Requested product presentation and formulation of vaccine**[1]**:** Inactivated Polio Vaccine, 10 dose(s) per vial, LIQUID

8. **Programme Duration**[2]**:** 2015 - 2018

9. **Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):**

Please note that endorsed or approved amounts for 2017 and 2018 will be communicated in due course, taking into account updated information on country requirements and following GAVI's review and approval processes.

	2015	2016	Total[3]
Programme Budget (US$)	US$103,500	US$397,000	US$500,500

10. **Vaccine Introduction Grant:** US$145,000

[1] Please refer to section 18 for additional on IPV presentation.
[2] This is the entire duration of the programme.
[3] This is the total amount endorsed by GAVI for 2015 to 2016.

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11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):[4]

Type of supplies to be purchased with GAVI funds in each year	2015
Number of IPV vaccines doses	89,900
Number of AD syringes	59,400
Number of re-constitution syringes	
Number of safety boxes	675
Annual Amounts (US$)	US$103,500

12. Procurement agency: UNICEF

13. Self-procurement: Not Applicable

14. Co-financing obligations: N/A

GAVI's usual co-financing requirements do not apply to IPV. However, Lao PDR is encouraged to contribute to vaccine and/or supply costs for IPV.

15. Operational support for campaigns: N/A

16. The Country shall deliver the following documents by the specified due dates as part of the conditions to the approval and disbursements of the future Annual Amounts:

Reports, documents and other deliverables	Due dates
Annual Progress Report or equivalent	To be agreed with GAVI Secretariat

17. Financial Clarifications: Not Applicable

18. Other conditions: Not applicable

If Lao PDR envisages a switch in product presentation, it is encouraged to incorporate elements for both IPV presentations in your initial introduction preparations, in order to minimise the need for later interventions and facilitate the switch. In those circumstances, in principle, no product switch grant will be provided to Lao PDR.

Signed by,

On behalf of the GAVI Alliance
Hind Khatib-Othman
Managing Director, Country Programmes
30 July 2014

[4] This is the amount that GAVI has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently.

1. Type of support requested: IPV AND JE

Type of support	Planned start date *(Month, Year)*	Duration of support	Vaccine presentation(s) *(1st, 2nd, and 3rd choice)*
IPV	October, 2015	2015-2018	1st - 5 doses/vial 2nd - 1 dose/vial 3rd - not stated
JE	March-April 2015	2015	1st - 5 doses/vial, Lyophilised 2nd and 3rd - not stated

2. In-country governance mechanisms (ICC/HSCC) and participatory proposal development process

A functional ICC exists in the country which meets 3-4 times per year with the participation of all state agencies and GAVI partners (WHO, UNICEF, JICA etc.). Terms of reference of the ICC and membership list is provided. The proposals for IPV introduction and JE campaign proposals have been reviewed and approved by ICC (April 9, 2014) and endorsed for submission by Vice Minister of Health and Director of Department of Finance. The members also expressed their concerned for accepting 3 injections during the vaccination session and recommended advocacy and social mobilisation. The NITAG was established in the country in 2013. Responsibilities and major functions of NITAG are provided. However, from the proposal it is not clear regarding NITAG's participation in the decision making process.

3. Situation analysis – Status of the National Immunisation Programme

The Expanded Programme on Immunisation in Lao PDR was launched in 1979. The programme established a system of outreach that can deliver vaccines and, more recently, other preventive services to children and women in every village of the country. Immunisation services are provided at fixed sites (central, provincial, district hospitals and health centres), outreach sites and mobile sites. Lao PDR's immunisation programme has a long history of achievements and is one of the country's most successful public health programmes. According to cMYP (2012-2015), DTP3 and Measles coverage is increasing steadily: DPT3 coverage has increased from 50% in 2007 to 87 % in 2013. Only 48% of districts have DTP3 coverage >80%. WHO/UNICEF estimates (source: WHO global summary) indicate that in 2012 DTP3 and Measles coverage were 79% and 72% respectively, However, 2010 DHS (source: WHO global summary) results indicate that DTP3 and Measles coverage were 56% and 64%.

An Immunisation programme management review in Lao PDR was conducted In April-May 2012 jointly with partners (WHO, UNICEF, GAVI, Lux-Development, and CDC). The review findings state despite Lao's EPI progress, routine vaccination coverage in many areas remains low and the majority of children are vaccinated late. Gaps and delays in programme funds limit current impact and future progress and place the programme at risk of slipping backward. The reliance on donor funds for 90% of vaccine and operational costs is the single most important challenge to overcome and raises questions of the degree of government commitment to the programme. Management capacity remains weak, particularly in areas of supervision, monitoring and evaluation.

The Government of Lao PDR is committed to increase its total health sector financing to meet its effort to strengthen the overall health system and to create greater sustainability in the health sector. This provides opportunities to increase government commitment on immunisation services as well. Firstly, the government will steadily increase government commitment to vaccine financing by including a budget line to buy traditional vaccines (BCG, Measles, OPV, HepB and Td). In addition, government will put domestic resources to meet some of the operational costs towards outreach. In 2013 in addition to the GAVI co-financing, approximately US$ 226,000 was provided by the government for procurement of routine traditional vaccines. In 2014 US$ 450,000 has been budgeted for routine vaccines.

4. Overview of national health documents

The present cMYP was developed in 2012 and covers 2012-2015. IPV will be included in the cMYP during the revision in 2015. The cMYP includes JE campaigns as one of the planned activities.

5. Gender and Equity

GII	0.48
GII rank	100/148
HDI	133/182
MMR	357
Highest adolescent birth rates	(110/1000 girls)

Lao has difficult to reach mountainous terrain, a highly diverse population with different ethnic groups and languages, and extreme poverty. The DTP3 Coverage is low 76% (2010) and the coverage gap in the Northern Province is quite high. Another important issue related to equity is internal migration. There are reported service delivery issues to urban areas with migrant population, load on health workers for outreach and a lack of trained HR. There is low reported community demand for vaccination, especially among ethnic minorities living in remote areas, particularly from migrants groups, ethnic minorities and remote populations. It is important to address whether this is linked to lack of information and access of services in these areas. Strategic communication with communities, however, has been included as a critical component of the five-year plan. The other strategies in the 5 years plan addressing inequity include prioritising districts by performance, Reach Every Villages" Strategies in a selected province with consistently low performance, and its scale up and strengthening immunisation data. However, collection of gender and equity related data should be a part of this. Strengthening the community demand for MCH and immunisation services is integrated into the 5 year plan. Though an overall plan to reach the unreached is planned, a little more detailed information on how this equity will be achieved is needed.

6. Proposed activities, budgets, financial planning and financial sustainability

IPV introduction: The GAVI VIG will be accessed through Government as per the current FMA between GAVI and the Lao DPR. Non vaccine operational cost will be shared by the government (US$ 138,080) and other partners (US$ 96,225) in addition to the GAVI introduction grant.

JE campaign: The Government of Lao PDR is requesting GAVI **support for campaigns** to cover vaccine and supply: **US$ 805,616** and to cover a share of operational expenses associated with the conducting the campaigns: **US$ 1,047,036.**

Year of JE support	Total target population (from Table 5.3)	GAVI contribution per target person in US$	Total in US$
2015	1,610,824	0.65	1,047,036

The vast majority of costs associated with JE campaigns and routine introduction would be borne by GAVI and supported by vaccine donation for routine in 2015. From 2016 onwards, JE vaccine in routine immunisation will be fully funded by the government. The country plans to involve administrative infrastructures at provincial and district levels to support media related activities and the supervision and monitoring of the campaign. The country also expects support by WHO and UNICEF to contribute to independent monitoring of the campaign. However, as there is no confirmation by partners, these contributions are not included in the campaign budget. Campaign detailed budget is provided. Financial Management procedures are well described in the proposal.

7. Specific comments related to requested support

IPV introduction plan

As a justification of IPV introduction the country refers to Global Polio End Game initiative, WHO Polio Eradication & Endgame Strategic Plan 2013-2018 and SAGE recommendations. The country plans nationwide introduction of one dose of IPV vaccine. Introduction activities are developed in consultation with partners and endorsed by the technical working group of ICC. Activities are planned to be implemented from March, 2014 to March, 2016. Activities are feasible and the timeline is reasonable. Lao PDR will follow the SAGE recommendations incorporating single dose of IPV with DTP/ Penta and OPV vaccination schedule. A single dose of IPV will be given to all children at 14 weeks of age with DTP3 and OPV3. All children who are behind of their schedule (>14 weeks) will receive one dose of IPV at the first immunisation contact.

The country vaccination policy doesn't indicate fully the procedures for the administration of multiple vaccines for both PCV and IPV in line with WHO guidelines. The proposal indicates IPV will be administered intramuscularly at outer upper arm. Introduction of multiple new vaccines in recent past (Pentavalent-2009, Rubella-2012, PCV-2013) had enriched the EPI programme with requisite technical expertise and experience for introduction of another new vaccine. Furthermore, the presence of the technical partners including WHO and UNICEF, bilateral and multilateral partners and relevant stake holders provides an opportunity for smoothly introduction of IPV in the country. These lessons learned are reflected in the IPV introduction plans.

In regards to the IPV introduction the country anticipates that 3 injections at the same visit will be challenging. To address this, the country believes that a strong communication and social mobilisation strategy needs to be developed for involving community leaders, Lao women union and health workers to explain and re-assure the importance and safety of these vaccines. Lao PDR will procure IPV through UNICEF SD (as for all other vaccines). The NRA in the country is not fully functional. Country accepts the Expedited Procedure for national registration of WHO-prequalified vaccines.

JE vaccine Introduction into EPI programme

In 2016 the government will become fully responsible for financing JE for routine immunisation. It has recently been increasing its budget for vaccines to cover co-financing for PCV as well as a larger share of traditional vaccines. Adding the cost of an additional vaccine to this existing effort to expand country financial ownership is challenging. However,

the political commitment to do so for JE has been strong and longstanding (it has included in the current cMYP from the start).

It is proposed to increase government funding for immunisations from the current US$ 2 per child per year to US$ 8 per child per year by $2 per calendar year over the period 2013-2015 to cover the cost of:

- Traditional EPI vaccines
- Co-funding for new vaccines
- Two additional rounds of outreach services per year in all provinces
- Essential programme management activities including training, supervision, monitoring, evaluation, IEC, vaccine transport, and cold chain maintenance and repair

JE Preventive campaign: Surveillance of Japanese Encephalitis (JE) in Lao PDR indicates that disease affects people throughout the country, mainly in rural areas. 55% of these cases occurred among children younger than 15 years and 22% among children <5 years old. Among the confirmed cases case fatality rate (CFR) including follow-up was 17%. The majority of cases presented during the months of June to September, which corresponds with the rainy season in Laos. In 2009 Laos experienced a JE outbreak (in all districts of Luang Namtha province) with 18 laboratory-confirmed cases and an additional 21 suspected cases in a 3-month period. Two-thirds of the JE confirmed cases were children ≤15 years old. There were 3 deaths, for a CFR of 17%. Serologic surveys among pigs and entomological surveys further confirm that the circulation of JE virus occurs across all geographic areas of Laos, as in the neighboring countries. Rates may be higher in the Northern Region due to the common practice of keeping pigs near the household. The JE surveillance was launched in 2009 and including among other 17 diseases actively tracked and reported weekly by the NCLE. Data was indicative of an increase in cases over time and pediatricians in the country reported concern regarding not only the morbidity and mortality associated with JE but also the heavy economic burden on households.

In view of the increasing need throughout the country, consensus was reached in the country to introduce JE vaccine. This consensus was not reached through a NITAG as this was not established at the time, but through meetings and discussion among the NIP, the Department of Hygiene and Health, the National Center for Laboratory and Epidemiology, WHO, UNICEF and other stakeholders. Laos, therefore, included JE in its 2012-2015 cMYP.

Two rounds of JE campaigns in the country have already been conducted in 8 provinces (2013, 2014). Laos has already demonstrated a good capacity to successfully conduct focused JE campaigns, hence any risk to successful completion of this final campaign is deemed low. A donation programme for vaccine, established through an agreement between PATH and the producer, Chengdu Institute of Biological Products (CDIBP), facilitated the start of JE campaigns in Laos in 2013. The country plans nationwide campaigns targeting children from 12 months through 14 years of age. Total target population 1,610,824. Wastage rate was calculated as 10%.

Lao is requesting a VIG for the full 2015 birth cohort even though routine introduction has already started in 6 provinces (through PATH donation programme). As described in the NVIP, some key preparatory activities did not occur before the routine introduction and the need for routine support is nation-wide.

Choice of vaccine product: The proposed campaign will use the live-attenuated Chinese SA 14-14-2 vaccine from Chengdu Institute for Biological Products, since this is the only vaccine WHO-prequalified vaccine.

Delivery strategies: It is assumed that immunisation teams consisting of at least 2 vaccinators and a village volunteer (often accompanied by a supervisor as well), can vaccinate 150 children per day. For a target population of 1,610,824 assuming a campaign

length of 10 days, this will require 1073 teams. It is estimated that Laos can meet this through its existing health workers from health center (there are 2-10 health workers per health center; 952 health centers) as well as health workers from hospitals. Campaigns will be run from fixed posts as well as through outreach and mobile teams. At-risk populations will be identified and quantified through micro-planning. Pre-campaign assessments will be focused on at-risk areas as will provide rapid coverage assessments to better ensure that vaccines reach the target population in these areas.

Synergies: The country intends to integrate activities planned and implemented under other efforts: MR campaign in 2014, IPV introduction in 2015, OPV catch-up campaign, second dose of HPV etc.

The major activities of the campaign will include procurement and logistics, training on JE integration and micro-planning, strengthening of AEFI surveillance and reporting, advocacy and social mobilisation. Particular focus will be given to strengthening micro-planning capacity in country, extending access to hard-to-reach populations, and strengthening AEFI reporting.

Vaccine management and cold chain capacity

Lao maintains a detailed and updated inventory of equipment at each of the 4 levels of its vaccine supply chain. 80% of the 950 health facilities are equipped with functional vaccine storage equipment. All of the 18 Provincial and 148 District facilities have functioning cold chain equipment. Comprehensive details of equipment at the central store are also provided. The IPV application provides comprehensive details of equipment at all levels of the supply chain. The Government of Lao is to be complimented on the comprehensive explanation of the supply chain in its IPV introductory plan.

The central store has sufficient storage capacity to accommodate IPV and JE, and an additional cold room ($40m^3$) is being procured. The plan indicated a shortage of equipment in some health facilities since more than 200 refrigerators are not working. 100 new vaccine refrigerators are budgeted in the application, of which the government and the balance by partners other than GAVI, fund 66%. 20% of the refrigerators used in Lao are solar.

The introduction of IPV is estimated to cost US$ 390,000, of which US$ 156,000 is requested in the GAVI VIG. GAVI support is requested to procure refrigerator spare parts for an amount of US$ 13,000 (8% of Grant amount). WHO and Lux development have already furnished some spare parts in 2013.

An EVM was conducted in 2010, and a follow-up on EVM is being conducted in June 2014. Recommendations made in the 2010 assessment appear to be implemented for the most part or in process. However, some temperature monitoring issues at the central store remain unresolved and records are maintained manually. Also maintenance of non-functional equipment appears not appear to have been addressed. The EVM reports adequate storage capacity exists at the central store for the introduction of new vaccines until 2015. One additional cold room is being procured.

As per the EVM analysis there is insufficient space at some Provinces and Districts. This is not due to lack of units but to lack of maintenance of the cold chain refrigerators. More than 200 refrigerators are not working. The majority of those need minor repairs. EVM also recommended installation of continuous temperature monitoring at the central store. Store continues to be monitored manually.
Cold chain storage space capacity at all levels will be reassessed in June 2014 during the EVM assessment to ensure adequate storage capacity for future vaccine introduction.

IPV will be distributed with other routine vaccines quarterly from central cold store to the provincial store. From provincial to district and district to health center will be delivered on a monthly basis. The EVM reports that the Medical Product and Supply Center of the MOH are setting up a new maintenance structure and network. The continuing maintenance issues indicate that this may not be operational.

Vaccination activities are done through outreach services where refrigerator is not available or out of order at health centers. This has limited the coverage and community's access to immunisation services. The number of health centres with refrigerated cold chain has increased from 22% in 2006 to 80% in 2013, which is likely to be one reason as to why routine immunisation coverage has increased over the last 5 years. More than 95% of staff have been trained in vaccine management and cold chain over the last 5 years. Maintenance mechanics have also been trained. There is lack of monitoring of cold chain equipment and the repair status is a major area of concern. Standard operating procedures and a maintenance and replacement plan for cold chain management systems is a priority area.

Government and its partners are promoting a fixed site as the key condition to improving the performance of the immunisation services. It is planned to extend the cold chain equipment to 90% of health centers during next 3 years. Results from the 2014 EVM and planned additional equipment procurement should ensure no major constraints are encountered in the introduction of JE and IPV.

Waste management

Lao uses incinerators for waste disposal that are nearing the end of their operational life in 17 provinces and a replacement plan is required. The government is seeking funding to support this.
Support from GAVI in the amount of US$ 39,000 is requested to transportation of waste for the JE campaign. Health workers are trained in injection safety and incentives provided for good compliance. In 2010 national guidelines were developed for injection safety.

Training, Community Sensitisation & Mobilisation Plans

IPV introduction

Training of health workers and all stakeholders for IPV introduction will be carried out prior to the introduction of IPV. The training material will be developed in line with the WHO guidelines. Training materials will be developed covering technical and an operational manual that cover policy, scientific, and operational aspects related to introduction of IPV. The health workers guide book for IPV, record keeping and reporting forms, training videos, IEC and communication materials will be developed. The preparatory activities are well laid out.

Country foresees risks pertaining to the administration of three injections to the child during the vaccination session. A strong communication and social mobilisation strategy will be developed for successful introduction of IPV in routine immunisation programme with the support from UNICEF and WHO. This will help implementing activities involving policy makers, community leaders, Lao women union to explain and reassure the importance and safety of these vaccines to parents using different media and channel. In the communication strategy key messages, communication channel, materials and methods will be identified for IPV introduction at the community level. To sensitise political leaders at national and sub national levels briefing meeting will be organised at different level involving the provincial and district governors. Government of Lao PDR will organise a National IPV launching

ceremony at Vientiane. In addition 4 regional launching ceremonies will be organised for IPV introduction and promotion of routine immunisation in general.

JE campaign

Training for JE campaigns will be integrated to the degree possible with other training efforts (JE routine and IPV). Health workers will be familiarised with JE vaccine and its appropriate use in both campaign and routine settings; Strengthen microplanning skills and processes; and Strengthen AEFI surveillance and vaccine safety. Advocacy and Social mobilisation (ASM) is a key part of the campaign. The country needs to develop detailed plan of action for ASM with timeline, key messages, and target groups. This plan should include advocacy meetings in schools with parents and teachers as a part of campaign delivery strategy. The focus will be on ensuring community awareness of the campaign event including the place and time of this. These will be developed in close collaboration with community leaders, including village headmen and leaders of mass organisations. Microplanning exercises will play particular attention to developing social mobilisation activities that are deemed most effective with regards to reaching hard-to-reach.
Weak community demand for routine immunisation is a recognised concern, especially in rural and ethnic minority communities. A qualitative study conducted in a northern province (Louang Prabang) in 2004 highlighted reasons for low demand for immunisation service at the household and community level.

The country is completing its MR campaigns in 2014 and is planning the introduction of IPV in Q4 2015. In consideration of this, of previous JE campaigns now leaving children requiring routine immunisation, and of the rainy season (May-September), it was determined that the last roll-out of the JE campaign should take place in March 2015 followed immediately by introduction of JE into the routine immunisation programme throughout the country. An IPV introduction planned can benefit JE campaigns if these are implemented before the March 2015. For purposes of planning for this campaign, it is assumed that this will be the case.

Monitoring and evaluation plans

IPV introduction

NIP regularly monitors the coverage of all routine vaccines by district and province. All the health centers are required to send the coverage data in pre-defined reporting forms to districts, which in turn aggregate data for all health centers and send upward to provinces. Provinces compile data for all the districts and send to NIP. With introduction of new vaccines, the reporting forms, immunisation registers at the health facility and child immunisation cards will be revised to reflect introduction of IPV vaccine. NIP, TWG (comprised of NIP, WHO, UNICEF, JICA and Govt. of Luxembourg) and ICC will regularly monitor the reported coverage data through regular reviews and analysis.

In addition, supportive supervision reports from routine immunisation monitoring system will be used for on-site monitoring, data quality self-assessment surveys will be organised for selected areas to validate the administratively reported data and the consistency in reporting across different levels of health facilities. Coverage surveys will be planned in selected districts. Finally, UNICEF conducts nationwide Multiple Indicator Cluster Survey (MICS) every five years. The two MICS surveys were conducted in 2000 and 2006.

JE campaign

In this campaign, a vaccination certificate for JE will be developed and distributed to individuals receiving vaccine to keep as a record. Support from other government ministries will be engaged. Provincial governments organise the Provincial Commission for the Mother

and Child (and districts organise their own version as well). District government provides the essential link to village leader. These administrative units also provide supervision to campaigns (focused on co-ordination) that complements the technical supervision. The Ministry of Education will be engaged as the first days of the campaign are often organised at schools. Coverage will be monitored during the campaign through rapid convenience monitoring that will allow health workers to identify areas of weak coverage and target these for mop up. Administrative data on coverage will also be collected and analysed. One month after the campaign, an independent cluster sampling survey will be conducted in areas where the campaign was held.

The AEFI surveillance system is established and the national guidelines are developed and a report system is operating. Trainings have been implemented in all provinces The AEFI and response will be included in the training for introduction of IPV (Q1, 2015). Strengthening AEFI reporting will require activation of national and provincial response committees. It is planned to build on the NCLE surveillance system to do active searching for serious adverse events in the weeks during and immediately after the campaign. A crisis communication strategy to respond to perceived and/or actual severe adverse events will be developed. This will include actions to taken (and not to take) and media and other communication strategies to help workers at different levels of the health system respond.

8. Country document quality, completeness, consistency and data accuracy

Proposals are well structured and complete. A data quality assessment has not yet been conducted in the country, but an assessment is planned in 2015 under HSS grant.

9. Overview of the proposal

Strengths:

- Country has good experiences with introduction of new and under used vaccines
- Lao has demonstrated readiness and strong commitments towards introducing IPV into its routine immunisation
- Synergies between introduction activities for JE campaign were addressed in the application along with introduction of JE into EPI programme
- Sentinel Surveillance implementation for JE
- Strong Evidence based decision for JE
- Countries recent experiences in conducting JE campaign
- Iincreasing demand of JE vaccine throughout the country

Weaknesses:

- Inconsistencies of vaccination coverage (administrative, WHO/UNICEF estimates, survey data are different)
- Immunisation programme management review findings state routine vaccination coverage in many areas remains low and the majority of children are vaccinated late. Gaps and delays in programme funds limit current impact and future progress and place the programme at risk of slipping backward. The reliance on donor funds for 90% of vaccine and operational costs is the single most important challenge to overcome and raises questions of the degree of government commitment to the programme. Management capacity remains weak, particularly in areas of supervision, monitoring and evaluation.

Risks:

- Continued heavy reliance on donor financing for immunisation (estimated at 90% by review).
- Rumours on vaccine safety and efficacy.
- Ethnic minorities in remote areas, for which it has been historically difficult to achieve high coverage.
- There can be language, cultural beliefs, and ignorance of immunisation may be barriers. Efforts will need to be made to reach these populations through micro-planning and development of appropriate IEC materials.

Mitigating strategies:

- The Government of Lao PDR is committed to increase its total health sector financing to meet its effort to strengthen the overall health system and to create greater sustainability in the health sector. This provides opportunities to increase government commitment on immunisation services as well.
- Partners (PATH, WHO, UNICEF) have been working closely with the country assisting in EPI implementation.

10. Conclusions

IPV introduction: Lao PDR has requested support to introduce one dose of IPV into their routine immunisation system in-line with the GPEI Endgame Strategic Plan and recent WHO Sage recommendations. Lao PDR has provided adequate justification and documentations and has a strong capacity and highly commendable integrated approach to introduce IPV. Country had successfully introduced new vaccines during the last few years.

JE campaign: Lao's application for JE demonstrates good planning through coordinated efforts with IPV introduction. The proposal provides sufficient information on plans demonstrating synergies related to on-going new vaccine introduction immunisation activities (i.e. trainings, supervisions, advocacy, communication packages etc). Through these efforts the country will successfully conduct JE campaign.

Recommendations

IPV and JE campaign applications: Approval with Comments

Comments to country: IPV introduction

- Consider strong Advocacy and Communication strategy implemented in the country to avoid misperception on vaccine safety.
- Country should follow the WHO guideline on the administration of multiple vaccines for PCV and IPV.
- Measures should be taken immediately to ensure that the continuous temperature monitoring system at the central store is operational before new vaccines are stored.
- Consider assigning VIG funds to support investment needs in waste management.
- Review the EVM 2014 and Improvement plan and address critical issues relating to supply chain availability or security.

Comments to country: JE campaign

- Ensure development of detailed Plan of Advocacy, Communication and Social-mobilisation activities with timeline, target groups, key messages and responsibilities. Also cconsider inclusion of advocacy meetings with parents and teachers in the plan as school based immunisation is a part of campaign delivery strategy.

Comments to Secretariat:

- Stock management practices and reporting efficiency should be verified to ensure that overstocking does not impose risks on storage of new vaccines.
- Secretariat/WHO to develop campaigns guidelines to ensure minimum standards for campaign support that including: Pre and post campaign (coverage survey) arrangements and assessment, population estimation validation, safety surveillance measures, campaign risk assessments, injection safety, etc.
- Secretariat to develop an impact study on JE.